



APPLICATION

Subdivision or Site Plan Review

Town of Wake Forest Planning Department

221 Brooks Street

Wake Forest, NC 27587

(919) 554-6140 Fax: 554-6607

For Planning Department Use Only:

Case Number: _____

Date Received: _____

Fee: _____

Date Fee Paid: _____

Date of Planning Board Meeting: _____

Subdivision/Development Name: _____

Date: _____ Tax PIN Number: _____

Location: _____

Applicant: _____ Phone Numbers: _____

Applicant's legal interest in the property: _____

Address: _____

E-mail: _____

Owner: _____ Phone Numbers: _____

Address: _____

E-mail: _____

Date property acquired: _____ Deed reference: _____

Engineer/Architect: _____ Phone Numbers: _____

Address: _____

E-mail: _____

Review Procedure: Administrative Regular (circle one)

Review Stage: Master/Site Plan Construction Plan Final Plat (circle one)

Phase: _____ **Land Use:** _____

Acreage: _____ **Units:** _____

Lots: _____ **S.F.** _____

The Plan shall depict or contain the information on the appropriate checklist(s) (i.e., Master/Site Plan, Construction Plat, Final Plat, and etc.)